

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
A. Have you ever been convicted of a misdemeanor or a felony or operating while intoxicated (OWI), in this or any other state, OR are criminal charges or OWI charges currently pending against you? <u>If YES, complete and attach Form #2252, Convictions and Pending Charges.</u>	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, attach a sheet providing details, including the name of the profession and the agency.</u>	<input type="checkbox"/>	<input type="checkbox"/>
C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, forfeiture, reprimand, suspension, probation, limitation, voluntary surrender, revocation or discipline? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and date and status of action.</u>	<input type="checkbox"/>	<input type="checkbox"/>
E. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>	<input type="checkbox"/>	<input type="checkbox"/>
F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Safety and Professional services or any of the Boards? <u>If YES, list type of credential/s.</u>	<input type="checkbox"/>	<input type="checkbox"/>

And if in another name, what name? _____

CERTIFICATION OF LEGAL STATUS - I declare under penalty of law that I am (check one):

- _____ a citizen or national of the United States, or
- _____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Applicant Signature _____ Date ____ / ____ / ____

BROKER WITH WHOM APPLICANT WILL BE ASSOCIATED OR EMPLOYED

Broker-employer is: ☐ Sole Proprietor Broker ☐ Business Entity (Corporation, Partnership or Limited Liability Company)

Name of employing agency exactly as it appears on agency license

Business address of employing agency's main office

Street	City	State	Zip Code
License # of employing agency		Main office telephone number (_____)	

I CERTIFY that the broker-employer listed above believes that the applicant is competent to act as a timeshare salesperson. The broker-employer will employ and will assume responsibility for the licensee pursuant to the department rules.

Print name of Broker signing below

Signature of Broker (Sole Proprietor), Officer, Partner or Member Date __ __ / __ __ / __ __ __ __
